

WBTi report shows how UK governments can help empower mothers to breastfeed for as long as they wish



World Breastfeeding Trends initiative scores countries on action taken to date

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Three out of five (63%) of UK mothers who had stopped breastfeeding by 6-8 months said they wanted to breastfeed for longer¹. The UK has the lowest breastfeeding rate at 12 months in the world and only 1% of babies are exclusively breastfed at 6 months². The action required by policy makers to help empower mothers to breastfeed for as long as they wish is set out in the WBTi UK report launched on 15 November.

The associated score cards show that Scotland and Northern Ireland have done most in introducing policies and programmes to empower mothers in a bid to improve on low breastfeeding rates. Thanks to recent action they have scores of 102.5/150 and 102/150, respectively. England and Wales, where mothers also cite lack of support and breastfeeding falls off rapidly, have more to do, scoring 80.5/150 and 88/150, respectively.

The WBTi UK Core Group consists of 18 organisations (listed below), including government agencies, health professional bodies and voluntary groups, which have gathered and assessed data in key areas. The report looks at gaps and successes across the UK, measured on an internationally agreed scale, and recommends the action governments can take to improve their country's score - and empower mothers to breastfeed. The assessment will be repeated in three years' time to monitor progress.

The WBTi assessment is based on the *Global Strategy for Infant and Young Child Feeding*, adopted by the World Health Assembly with UK Government support. The WBTi protocol was developed by the International Baby Food Action Network (IBFAN). It assesses action in **TEN** policy and programme areas, including implementation of UNICEF's Baby Friendly Hospital Initiative (Scotland and Ireland have achieved accreditation for 100% of maternities), regulation of marketing of breastmilk substitutes (poor across the UK, meaning protection for parents who use formula is also lacking) and health professional training (which varies widely, with some medical courses involving almost no training on infant feeding). **FIVE** breastfeeding indicators complete the scoring for each country.

Fuller details are given below and the full report is available at: ukbreastfeeding.org/wbtiuk2016

Press contacts for interviews

WBTi-UK

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Summary of the WBTi report on the UK

Access to skilled support is too often a postcode lottery, with no national breastfeeding committee or coordinator at all in England (scoring just 1/10). Wales scores poorly on national infant feeding leadership (4/10); whereas Scotland and Northern Ireland score 10/10, with infant feeding and infant health underpinning health programmes.

This report confirmed that the Unicef UK Baby Friendly Initiative (BFI) is a national success story, “a world leader” in focusing health services and training on the rights of the baby, but it is only universally commissioned in Scotland and Northern Ireland.

It is well-recognised that early-life nutrition influences children’s development and health in later life yet health professional training in infant and young child feeding is uneven. ***The minimum required standard for all doctors – even paediatricians – nurses and health visitors, remains vague, although these professions are most responsible for the wellbeing of infants and young children.***

All infants, particularly formula fed infants, are vulnerable in any disaster or emergency. The WBTi report found that there is no national guidance for including mothers and babies in disaster planning³. ***There is more protection for zoo animals and pets in emergencies than for mothers and babies.***

Research has shown that the most effective approach to supporting baby feeding is to put help in place at every level, from hospital to home and community. This will support a woman’s entire feeding journey, from birth to going home, in her local community and all the way to back to work. It requires strong political will, from the UK government, national assemblies and throughout local authorities, public health and health commissioning⁴.

Recent research published in the *Lancet* and *Acta Paediatrica* has shown that breastfeeding has a major impact on health and economy everywhere, including in high income countries like the UK⁵. ***Yet the UK has among the lowest breastfeeding rates at 12 months in the world.***

Around 80% of mothers in the UK begin to breastfeed, but within weeks, breastfeeding rates plummet due to lack of support and an unhelpful culture. ***This is not about pressuring mothers to breastfeed, but about enabling them to meet their own breastfeeding goals.***

There are pockets of excellence in support services around the country, but many essential peer support programmes have been cut⁶. Women with complex needs do not always have access to skilled specialist support. Inconsistency of training and a lack of support are letting mothers down, leading many women to have to stop breastfeeding before they wanted to. This can have a real impact on a mother’s own wellbeing.

The recommendations in this report target issues where the UK does not meet internationally agreed levels, are evidence-based and have broad support, helping policy-makers and commissioners to use resources more effectively.

Action is needed at every level, from communities and local government, in the health system, and at government level. National leadership is essential to drive change sustainably.⁸ This report is a ‘call to action’ to all our governments and to every level of society. ***“We are all responsible for the future of our nation’s children.”***

Key recommendations in the WBTi report on the UK

- *UK government:*
 - Enact the *International Code of Marketing of Breastmilk Substitutes and relevant WHA Resolutions* in UK law
 - Ensure mothers have a right to continue breastfeeding on return to work
 - Develop guidance on infant feeding in emergencies
 - Coordinate communication between the four nations
- *National assembly's:*
 - Set up national infant feeding strategy & coordination (England and Wales)
 - Improve data collection (England, Wales)
 - Require all maternity and community settings to meet Unicef UK Baby Friendly Initiative standards (as per NICE guidance; England, Wales)
 - Increase community infant feeding support (England)
- *Local authorities:*
 - Commission joined up range of support in the community including health visiting service, peer support, and access to a breastfeeding specialist for complex cases in line with NICE guidance
 - Provide for mothers and infants in all emergency planning
- *GMC, NMC and other health professional bodies:*
 - Set detailed minimum training standards on infant feeding for doctors, nurses and dietitians, based on Unicef UK Baby Friendly Initiative curriculum
 - Do not approve CPD from commercially sponsored education

Notes to Editors:

There is concern about the health of babies in the UK, since the *Lancet Series* in January 2016 showed that the UK has one of the lowest rates of breastfeeding in the world⁷. Currently only 1% of UK babies at 6 months are exclusively breastfed. It shows that supporting and enabling breastfeeding is one of the highest impact interventions, providing benefits to children, women and society as a whole.

Over 80% of mothers start to breastfeed, but rates plummet in the first weeks and months after birth, and not through choice. The majority of mothers stop breastfeeding before they wanted to.

The WBTi project was set up by the UK Baby Feeding Law Group, a group of organisations and agencies working in infant and maternal health.

UNICEF's Call to Action urges UK governments to take four key steps to create a supportive, enabling environment for women who want to breastfeed.

www.unicef.org.uk/babyfriendly/baby-friendly-resources/advocacy/call-to-action/

Training on infant feeding: Midwifery standards include a detailed cluster of skills on infant feeding. IBCLCs (International Board Certified Lactation Consultants) and breastfeeding counsellors in the voluntary sector also have thorough training.

Successfully supporting more mothers to breastfeed for longer could save the NHS at least £40 million [Unicef report] and could provide a boost of billions of pounds to the economy, worth 0.53% of Gross National Income⁸.

WBTi UK Core Group members

Association of Breastfeeding Mothers
Baby Feeding Law Group
Baby Milk Action
Best Beginnings
Breastfeeding Network
Child and Mental Health Observatory
Department of Health
First Steps Nutrition Trust
Institute of Health Visiting
Lactation Consultants of Great Britain
La Leche League GB
Maternity Action
Scotland Maternal and Infant Nutrition Coordinator
National Infant Feeding Network
NCT
Northern Ireland Regional Breastfeeding Lead
Public Health England
Unicef UK Baby Friendly Initiative

Dr Nigel Rollins of the World Health Organisation (WHO):

“In the first of the 2016 Lancet papers reporting the epidemiology, mechanisms, and lifelong effects of breastfeeding, the lack of robust data reporting breastfeeding practices in high income countries was highlighted as a major gap. The 2016 UK report for the World Breastfeeding Trends Initiative responds to that gap. It is carefully compiled, thorough and contributes valuable knowledge to policy makers, health care workers and communities both in the UK and globally. Only with accurate reporting of these type of data can services and accountability be improved to support mothers in the UK wanting to breastfeed.”

Felicity Savage: *“The WBTi is an important way for countries to assess where their efforts at breastfeeding promotion have reached, and to compare themselves with other countries. The idea has been developed by a group of organisations who have been working globally in the field for 30 years, and who know the challenges intimately. This present document is a major effort by leading breastfeeding experts in the UK to review our progress and create a base on which to plan future efforts. Policy makers need to face the fact that we have very low breastfeeding rates, to understand why this should be so, and to decide what is needed to improve the situation. The team who worked on this report are to be congratulated.”*

Cheryll Adams, Executive Director Institute for Health Visiting: *‘The authors of this amazing piece of work are to be commended for all the work which has gone into it and the understanding it brings on how each country can improve its breast feeding rates. As they say this must happen at many levels. The report lays bare the most important actions to take from policy down. I hope that its findings will be picked up by journalists and shared with the wider public who can then also play their part in supporting breast feeding mothers.’*

Emma Pickett, Association of Breastfeeding Mothers: *“Breastfeeding initiation rates show UK mothers want to breastfeed. There are so many of us who want to help. We need the final step - the will of all local and national governments, their commitment, their resources, their leadership.”*

Shereen Fisher, Breastfeeding Network: *“An excellent report that highlights the fragile state of breastfeeding in the UK despite good efforts by many. To make a real difference for families a national and coordinated approach based in evidence needs to be taken – only*

then can we shift the responsibility of feeding the next generation from women to wider society.”

Maddie McMahon, Breastfeeding Counselor: “The lack of consistent, skilled breastfeeding support has a daily impact on the physical and mental health of mothers and babies. As a Breastfeeding Counsellor, I welcome this report which shines a light on the patchy services available to breastfeeding mothers and lays out clear guidance on how we can improve things.”

Helen Crawley, First Steps Nutrition: “Unequivocal evidence about the importance for all countries of supporting mums and babies around infant feeding means we need to up our game in the UK; the WBTi assessment provides us with a plan of action to move our policies and programmes forward”.

Mike Brady, Baby Milk Action: “Governments have claimed they could not implement World Health Assembly formula marketing requirements due to the European Union having weaker measures. With Brexit that is no longer an excuse. As this excellent report shows, implementing the marketing requirements will fill one of the policy gaps. All mothers have a right to accurate information. Appropriate marketing of breastmilk substitutes protects breastfeeding and protects babies fed on formula.”

¹ “Of the mothers who had stopped breastfeeding by Stage 3 [8 to 10 months old], over three in five (63%) said that they would have liked to have breastfed for longer.” National Infant Feeding Survey, 2010. Health and Social Care Information Centre, 2012.

² Rollins N, Bhandari N, Hajeebhoy N, Horton S, Lutter C, Martines J, Piwoz E, Richter L, Victora. Why invest, and what it will take to improve breastfeeding practices? *The Lancet* 2016 Volume 387, No. 10017, 491–5047. **The Lancet Breastfeeding Series 2016**

³ https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/61228/vulnerable_guidance.pdf
AND

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/274615/Evacuation_and_Shelter_Guidance_2014.pdf

⁴ McFadden A, Kenney-Muir N, Whitford H and Renfrew M. *Breastfeeding: policy matters*. Save the Children UK 2015

⁵ <http://www.thelancet.com/series/breastfeeding>

⁶ **Acta Paediatrica Special Issue: Impact of Breastfeeding on Maternal and Child Health**
December 2015 Volume 104, Issue Supplement S467 Pages 1–134.

<http://onlinelibrary.wiley.com/doi/10.1111/apa.2015.104.issue-S467/issuetoc>

⁷ www.unicef.org.uk/babyfriendly/baby-friendly-resources/advocacy/call-to-action/

⁸ Renfrew, M., Pokhrel, S., Quigley, M., McCormick, F., Fox-Rushby, J., Dodds, R., Duffy, S., Trueman, P., Williams, A. *Preventing disease and saving resources: the potential contribution of increasing breastfeeding rates in the UK*. UNICEF UK, 2012

Public Health England Commissioning guidance 2016-11-10

<https://www.gov.uk/government/publications/infant-feeding-commissioning-services>

Scotland Framework for Action www.gov.scot/resource/doc/337658/0110855.pdf

Northern Ireland National strategy document

www.publichealth.hscni.net/sites/default/.../breastfeeding%20strategy%20review_3.pdf